

#### **Town of Riverhead Building Department**

**755 East Main Street, Riverhead, New York 11901** (631) 727-3200 Ext. 283, 266, 268, 213 Fax: 631-208-8039

www.riverheadli.com

Leroy E. Barnes, Jr. Building Department Administrator

Sharon E. Klos
Building Permits Coordinator

Richard P. Podlas *Building Inspector* 

Richard E. Gadzinski *Electrical Inspector* 

Jack Wherry *Inspector* 

Mark Griffin *Inspector* 

## Use Permit Application No Alteration to Building

- 1. Two (2) page Building Permit application.
- 2. Copy of the front page of the executed lease.
- 3. Disclosure Affidavit (signed and notarize).
- 4. Three (3) surveys showing the location of project on premise; with a description of the proposed use area. Example: first floor, second floor, front section of a building, etc.
- 5. Two (2) Floor Plan sketches drawn to scale detailing all fixtures.
- 6. Fee for a Use Permit is \$100.00.

\*\*\*\*\* If There Will Be Any Alterations Performed To This Structure, A Separate Building Permit Application And Fee Will Be Required. \*\*\*\*\*\*

# APPLICATION FOR BUILDING & ZONING PERMIT Town of Riverhead Suffolk County, New York Tax Map # Section Block Lo

PIVERHEAD			0001011	BIOOK	201
Application No.	Date	//	Permit No.		/
Permit Expires:	<u>/</u> z	oning District:	Disapproved Zo	ning:	
Approved By:	Building Fee:	\$	Electrical Fee: \$	Rece	ipt:
All information BELOW to be fit ACCOMPANIED by BUILDING footings and foundation, schemater THE OWNER OF THE PROPE	G PLANS DRAWN TO tic of plumbing and elec	SCALE IN DUPLICATE, show trical layouts and grade and spe	ving elevations, floor plans, run a	nd size of joists, rafters, gir	
First name L	ast name		Business Name		
Street No. Stroperty Location of Proposed	Street Name Work		Hamlet		
Phone Contact		Fax Number	<del></del>	Cellular Number	
Street No. Street Name Mailing Address (if different fro	!	To	wn	State	Zip
First name La	ast name Street Nan			State	
	alue \$		Mobile/Modular Home Demolition Single Family Resider New Commercial Stru Swimming Pool Excavation/Land Cleacubic yards to be remo	ring: Approx.	(describe)
Pool Specifications (if applicabl	e)				
In-Ground	Above Ground	Hot Tub / SPA			
Pool Heater	Propane	Natural Gas	Oil Fired		<b>Page 1 of 2</b> Ver. 3.02 10-11-05

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#### APPLICATION FOR BUILDING & ZONING PERMIT

	7	Fax Map #	<del> </del>		
ease Desc	cribe Project and/or Special Conditions:	Section B	llock Lot		
	ECIFICATIONS. Fill in for new building, or addition to existing bu				
	cation and size of the property, the location, size and setbacks of production and size of the property, the location, size and setbacks of production and size of the property, the location, size and setbacks of production and size of the property, the location, size and setbacks of production and size of the property, the location, size and setbacks of production and size of the property and setbacks of production and size of the property and setbacks of production and size of the property and setbacks of production and size of the property and setbacks of production and size of the property and setbacks of production and size of the property and setbacks of production and size of the property and setbacks of production and setbacks of the setbacks of the setback of the setb	oposed buildings and the location of all existing be	uilding. Show proposed building(		
	Proposed building sq.ft.	Second (2nd) Floor	sq.ft.		
	Size of proposed additionsq.ft.	Garagesq.ft.			
	Cround floor sq.ft.	Height (from grade to ridge) ft.			
	Ground floor sq.ft.	Height (from grade to ridge)	ft.		
	No#. of Bedrooms	Height (from grade to ridge)9			
etrician	No#. of Bedrooms				
etrician:	No#. of Bedrooms	Impervious Surface9			
	No#. of Bedrooms  Company Name	Impervious Surface9	6		
Street No.	No#. of Bedrooms  Company Name  Street Name	Impervious Surface	icense #		
Street No.	No#. of Bedrooms  Company Name	Impervious Surface	icense #		
Street No. mber:	No#. of Bedrooms  Company Name  Street Name  Company Name	Impervious Surface	icense #		
Street No.	Company Name  Street Name  Company Name  Street Name	Impervious Surface	icense #  State Zip  cense #  State Zip		
Street No. mber: Street No. me Imp:	No#. of Bedrooms  Company Name  Street Name  Street Name	Impervious Surface	icense # State Zip cense #		
Street No.  mber:  Street No.	Company Name  Street Name  Company Name  Company Name	Impervious Surface	icense #  State Zip  cense #  State Zip		

#### **AFFIDAVIT**

Town of Riverhead) County of Suffolk) s.s. State of New York)

I swear that to the best of my knowledge and belief the statements contained in this application, together with the plans an specifications submitted, are true and complete statements of proposed work to be done on the described premisis and that all provisions of the BUILDING CODE, THE ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work and inspections are authorized by the owner.

Sworn to me before this day	Signature	
of,	_	Owner's Agent, Architect
		Page 2 of

Ver. 3.02 10-11-05

Notary Public, Suffolk County, New York)

### Read this document carefully. You may consult your attorney before completing.

#### Disclosure Affidavit

STATE OF N	· · · · · · · · · · · · · · · · · · ·			
COUNTY OF	SS: FSUFFOLK)			
I,			an a	pplicant for
the following	relief:		and 1	eing duly
sworn, depose		(Type of Permit)		
That I make a	nd complete this affid	avit under the penalty	y of perjury and swear to the truth thereof.	
That I unders	and that this affidavit	is required by Section	on 809 of the General Municipal Law and that a	
knowing failu	re to provide true info	rmation is punishable	e as a misdemeanor. Being so warned, I state:	
That Town, and:	(Name of Relative)		is a State Officer, is an officer or employee of F	Riverhead
	ere if not applicab lease sign below be	,	no relative working for the Town of Riverl blic.	nead.)
That this per	son has an interest ir	the person, partne	ership or association requesting the above stated	relief.
he, his spouse	, or their brothers, sist		yee shall be deemed to have an interest in the apple, grandchildren or the spouse of any of them.	icant where
a. b.	is an applicant, is an officer, director	, partner or employee	e of the applicant,	
c.		y owns or controls s	stock of a corporate applicant or is a member of a	partnership
d.		enefit, whether or no	application, express or implied whereby he may of for services rendered, dependant or continger	•
e.	That ownership of le	ess that five (5) per c	cent of the stock of a corporation whose stock is listable an interest for the purpose of the	
Sworn to befo	ore me thisda	y	(Signature)	_
of	, 20	_		
Notary Public				